

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: POCATELLO, CITY OF
ADDRESS: 10733 RIO VISTA ROAD
 POCATELLO, ID 83201

FACILITY: POCATELLO, CITY OF - POCATELLO WWTP
LOCATION: 10733 NORTH RIO VISTA ROAD
 POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	13	15			Weekdays	GRAB
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	deg C		5 Days Every Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.1	8.4	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	210	239		*****	4.3	5.2			Weekdays	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	3000 MO AVG	4500 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14936	*****		*****	301	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4			Weekdays	GRAB
00400 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	292	292			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	135	168		*****	2.7	3.6			Three Per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3000 MO AVG	4500 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Q = Influent or Effluent

T = Permit Part I.C. Alternate Toxicity sampling between Jan-Mar & Jul-Sep. After first 3 suites of tests, use most sensitive species.

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Solids, total suspended	SAMPLE MEASUREMENT	15041	*****		*****	307	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	26	41		*****	.52	.88			Weekdays	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1640 DAILY MX	lb/d	*****	6.3 MO AVG	16.4 DAILY MX	mg/L		5 Days Every Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.8	.8			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	18			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	15	43		*****	.32	.92			Weekdays	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		3 Days Every Week	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.038	.038			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.95	7.04		*****	*****	*****	*****		Continuous	MEASRD
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	MEASRD

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Chlorine, total residual	SAMPLE MEASUREMENT	.73	1.62		*****	14.6	30			Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	4.1 DAILY MX	lb/d	*****	16 MO AV MN	41 DAILY MX	ug/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	12			Three Per Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	MPN/100m L		3 Days Every Week	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	1013	1013			Monthly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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Cyanide, total [as CN]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5			Twice Per Year	GRAB
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	GRAB
Cyanide, total [as CN]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5			Twice Per Year	GRAB
00720 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	419			Twice Per Year	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Twice Per Year	COMP24
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	464			Twice Per Year	COMP24
00900 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Twice Per Year	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.6			Twice Per Year	COMP24
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5			Twice Per Year	COMP24
00978 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2			Twice Per Year	COMP24
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5			Twice Per Year	COMP24
00981 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Chromium, dissolved [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.4			Twice Per Year	COMP24
01030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Chromium, dissolved [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7			Twice Per Year	COMP24
01030 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.1			Twice Per Year	COMP24
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7			Twice Per Year	COMP24
01074 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .3			Twice Per Year	COMP24
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.4			Twice Per Year	COMP24
01079 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24

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Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	47.8			Twice Per Year	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	188			Twice Per Year	COMP24
01094 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1			Twice Per Year	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.38			Twice Per Year	COMP24
01113 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .5			Twice Per Year	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.1			Twice Per Year	COMP24
01114 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9			Twice Per Year	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24

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Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	160			Twice Per Year	COMP24
01119 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Molybdenum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2			Twice Per Year	COMP24
01129 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Molybdenum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4			Twice Per Year	COMP24
01129 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Chromium, hexavalent dissolved [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 10			Twice Per Year	COMP24
01220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Chromium, hexavalent dissolved [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 10			Twice Per Year	COMP24
01220 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .5			Annual	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. ANNL MAX	mg/L		Annual	GRAB
Mercury, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1			Twice Per Year	COMP24
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24

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POCATELLO, ID 83201
FACILITY: POCATELLO, CITY OF - POCATELLO WWTP
LOCATION: 10733 NORTH RIO VISTA ROAD
POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.13			Twice Per Year	COMP24
71901 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Report 001-S = See Permit Part I.B.10. and II.A.8. requirements. Report Influent and Effluent data, no later than Jan and July DMRs

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: POCATELLO, CITY OF
ADDRESS: 10733 RIO VISTA ROAD
 POCATELLO, ID 83201

FACILITY: POCATELLO, CITY OF - POCATELLO WWTP
LOCATION: 10733 NORTH RIO VISTA ROAD
 POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	18			Weekdays	GRAB
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	deg C		5 Days Every Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.8	8.1	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	206	226		*****	4.1	4.6			Three Per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	3000 MO AVG	4500 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15862	*****		*****	317	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4			Weekdays	GRAB
00400 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	268	268			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	162	292		*****	3.3	6			Three Per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3000 MO AVG	4500 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24

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O = Permit allows either Grab or Continuous sample frequency and sample type for this parameter; Chlorine ML 50 ug/L (5.0 lb/day)

Q = Influent or Effluent

T = Permit Part I.C. Alternate Toxicity sampling between Jan-Mar & Jul-Sep. After first 3 suites of tests, use most sensitive species.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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 POCATELLO, ID 83201

FACILITY: POCATELLO, CITY OF - POCATELLO WWTP

LOCATION: 10733 NORTH RIO VISTA ROAD
 POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	15015	*****		*****	299	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	27	76		*****	.55	1.59			Weekdays	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1640 DAILY MX	lb/d	*****	6.3 MO AVG	16.4 DAILY MX	mg/L		5 Days Every Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.9	.9			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	20			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11	18		*****	.22	.34			Three Per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		3 Days Every Week	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.037	.037			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.88	7.82		*****	*****	*****	*****		Continuous	MEASRD
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	MEASRD

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T = Permit Part I.C. Alternate Toxicity sampling between Jan-Mar & Jul-Sep. After first 3 suites of tests, use most sensitive species.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: POCATELLO, CITY OF
ADDRESS: 10733 RIO VISTA ROAD
 POCATELLO, ID 83201

FACILITY: POCATELLO, CITY OF - POCATELLO WWTP

LOCATION: 10733 NORTH RIO VISTA ROAD
 POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.63	1.45		*****	12.9	30			Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	4.1 DAILY MX	lb/d	*****	16 MO AV MN	41 DAILY MX	ug/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	3			Three Per Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	MPN/100m L		3 Days Every Week	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. ANNL MAX	tox chronic		Twice Per Year	COMP24
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. ANNL MAX	tox chronic		Twice Per Year	COMP24
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	1140	1140			Monthly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Q = Influent or Effluent

T = Permit Part I.C. Alternate Toxicity sampling between Jan-Mar & Jul-Sep. After first 3 suites of tests, use most sensitive species.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: POCATELLO, CITY OF

ADDRESS: 10733 RIO VISTA ROAD
POCATELLO, ID 83201

FACILITY: POCATELLO, CITY OF - POCATELLO WWTP

LOCATION: 10733 NORTH RIO VISTA ROAD
POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	20			Weekdays	GRAB
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	deg C		5 Days Every Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.3	7.6	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	231	262		*****	4.5	5.1			Three Per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	3000 MO AVG	4500 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15433	*****		*****	303	*****			Three Per Week	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4			Weekdays	GRAB
00400 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	281	281			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	147	189		*****	2.9	3.7			Three Per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3000 MO AVG	4500 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: POCATELLO, CITY OF
ADDRESS: 10733 RIO VISTA ROAD
 POCATELLO, ID 83201

FACILITY: POCATELLO, CITY OF - POCATELLO WWTP

LOCATION: 10733 NORTH RIO VISTA ROAD
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ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	13387	*****		*****	263	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	25	73		*****	.51	1.61			Weekdays	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1640 DAILY MX	lb/d	*****	6.3 MO AVG	16.4 DAILY MX	mg/L		5 Days Every Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.4	1.4			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	18			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	14	17		*****	.27	.34			Three Per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		3 Days Every Week	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.078	.078			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.94	6.5		*****	*****	*****	*****		Continuous	MEASRD
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

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06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.45	1.62		*****	9	30			Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	4.1 DAILY MX	lb/d	*****	16 MO AV MN	41 DAILY MX	ug/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	20			Three Per Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	MPN/100m L		3 Days Every Week	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	1100	1100			Monthly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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 POCATELLO, ID 83201

FACILITY: POCATELLO, CITY OF - POCATELLO WWTP

LOCATION: 10733 NORTH RIO VISTA ROAD
 POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	21			Weekdays	GRAB
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	deg C		5 Days Every Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.1	7.4	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	160	172		*****	3.2	3.4			Three Per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	3000 MO AVG	4500 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15025	*****		*****	299	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4			Weekdays	GRAB
00400 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	269	269			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	119	164		*****	2.4	3.3			Three Per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3000 MO AVG	4500 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Q = Influent or Effluent

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: POCATELLO, CITY OF
ADDRESS: 10733 RIO VISTA ROAD
 POCATELLO, ID 83201

FACILITY: POCATELLO, CITY OF - POCATELLO WWTP

LOCATION: 10733 NORTH RIO VISTA ROAD
 POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	13705	*****		*****	273	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	27	112		*****	.75	2.2			Monthly	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	1300 DAILY MX	lb/d	*****	5 MO AVG	13 DAILY MX	mg/L		5 Days Every Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.9	2.9			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	22	22			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	27	65		*****	.55	1.27			Three Per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		3 Days Every Week	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.6	3.6			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.97	7.5		*****	*****	*****	*****		Continuous	MEASRD
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	MEASRD

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 POCATELLO, ID 83201

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 POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.68	1.95		*****	13.7	40			Weekdays	GRAB
50060 O 1 See Comments	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	lb/d	*****	50 MO AVG	50 DAILY MX	ug/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	11			Three Per Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	MPN/100m L		3 Days Every Week	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	1150	1150			Monthly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: POCATELLO, CITY OF
ADDRESS: 10733 RIO VISTA ROAD
 POCATELLO, ID 83201

FACILITY: POCATELLO, CITY OF - POCATELLO WWTP

LOCATION: 10733 NORTH RIO VISTA ROAD
 POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	22			Weekdays	GRAB
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	deg C		5 Days Every Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	7.4	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	148	156		*****	2.9	3			Three Per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	3000 MO AVG	4500 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14333	*****		*****	280	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.4			Weekdays	GRAB
00400 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	283	283			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	105	120		*****	2	2.3			Three Per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3000 MO AVG	4500 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24

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DISCHARGE MONITORING REPORT (DMR)

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 POCATELLO, ID 83201

FACILITY: POCATELLO, CITY OF - POCATELLO WWTP

LOCATION: 10733 NORTH RIO VISTA ROAD
 POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	11988	*****		*****	234	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	25	28		*****	.5	.5			Weekdays	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	1300 DAILY MX	lb/d	*****	5 MO AVG	13 DAILY MX	mg/L		5 Days Every Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.7	.7			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	15			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	9	9		*****	.17	.18			Three Per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		3 Days Every Week	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.049	.049			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.07	6.69		*****	*****	*****	*****		Continuous	MEASRD
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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 POCATELLO, ID 83201

FACILITY: POCATELLO, CITY OF - POCATELLO WWTP

LOCATION: 10733 NORTH RIO VISTA ROAD
 POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
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MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.68	1.12		*****	13.3	20			Weekdays	GRAB
50060 O 1 See Comments	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	lb/d	*****	50 MO AVG	50 DAILY MX	ug/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	20			Three Per Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	MPN/100m L		3 Days Every Week	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	1120	1120			Monthly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Continuous	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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 POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	22			Weekdays	GRAB
00010 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	deg C		5 Days Every Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.8	7.2	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	258	574		*****	4.4	8.9			Three Per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	3000 MO AVG	4500 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12106	*****		*****	227	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.5			Weekdays	GRAB
00400 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		5 Days Every Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	277	177			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	306	850		*****	5	12.9			Three Per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3000 MO AVG	4500 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24

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09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	11205	*****		*****	207	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	26	34		*****	.5	.5			Weekdays	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	1300 DAILY MX	lb/d	*****	5 MO AVG	13 DAILY MX	mg/L		5 Days Every Week	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.9	.9			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	15			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	13	15		*****	.24	.3			Three Per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		3 Days Every Week	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.083	.083			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.3	8.08		*****	*****	*****	*****		Continuous	MEASRD
50050 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Permit allows either Grab or Continuous sample frequency and sample type for this parameter; Chlorine ML 50 ug/L (5.0 lb/day)

Q = Influent or Effluent

T = Permit Part I.C. Alternate Toxicity sampling between Jan-Mar & Jul-Sep. After first 3 suites of tests, use most sensitive species.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: POCATELLO, CITY OF
ADDRESS: 10733 RIO VISTA ROAD
 POCATELLO, ID 83201

FACILITY: POCATELLO, CITY OF - POCATELLO WWTP

LOCATION: 10733 NORTH RIO VISTA ROAD
 POCATELLO, ID 83201

ATTN: JON HERRICK WPC SUPERINTENDENT

ID0021784	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83205

MAJOR \$

(SUBR 03)

DISCHARGE TO PORTNEUF RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.62	1.09		*****	11.9	20			Weekdays	GRAB
50060 O 1 See Comments	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	lb/d	*****	50 MO AVG	50 DAILY MX	ug/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	57			Three Per Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	MPN/100m L		3 Days Every Week	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	1130	1130			Monthly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. MO MAX	mg/L		Monthly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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